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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

10/686,385

Applicant(s)

MORRISON ET AL.

Examiner

R. David RINES

Art Unit

3686

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 03 October 2008.
2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-20 is/are pending in the application.
4a) Of the above claim(s) _____ is/are withdrawn from consideration.
5) ☐ Claim(s) _____ is/are allowed.
6) ☒ Claim(s) 1-20 is/are rejected.
7) ☐ Claim(s) _____ is/are objected to.
8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SF/ICE)
Paper No(s)/Mail Date _____
4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date _____
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____

DETAILED ACTION

Notice to Applicant

[1] This communication is in response to the patent application filed 14 October 2003. The Information Disclosure Statements (IDS) filed 18 May 2005 and 20 May 2006 have been entered and considered. Claim 14 has been amended. Claims 1-20 are pending.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

[2] Claims 1-4, 7-1, 14-16, and 18-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Wallace et al. (United States Patent #6,564,121).

As per claim 1, Wallace et al. disclose a method for remote processing of pharmacy orders: establishing at an order server a plurality of order queues for a plurality of healthcare facilities, each of said order queues associated with one of said plurality of healthcare facilities (Wallace et al.; col. 11, lines 41-67, col. 12, lines 1-12 *see "ID" association with remote dispensing units.

*remote dispensing units are considered to be a form of "healthcare facility"); assigning each of said plurality of order queues to one of a plurality of remote processing centers (Wallace et al.; col. 12, lines 5-13 *see "queue database" including queuing at the host station and queuing at the dispense station); receiving at said order server a plurality of orders from said plurality of healthcare facilities (Wallace et al.; col. 12, lines 8-13 and col. 12, lines 30-41); adding each of said plurality of orders to one of said plurality of order queues associated with one of said plurality of healthcare facilities (Wallace et al.; col. 12, lines 5-13, FIGS. 3 and 4A); accessing one of said plurality of order queues from said one of said plurality of remote processing centers assigned to said order queue (Wallace et al.; col. 12, lines 8-23 and col. 12, lines 30-39); and processing said orders in said accessed order queue (Wallace et al.; col. 12, lines 30-65).

With respect to the order queues, while Wallace et al. disclose the use queuing of orders at the servers in the distribution centers, Wallace et al. fail to provide a specific teaching of queuing at the server in which the orders are initially received.

However, given the teachings of Wallace et al. concerning the use of queuing at multiple locations/servers, it would have been obvious to utilize a well known technology (e.g. queuing) for entering inbound pharmacy orders at the server taking the initial orders should order volume increase to a sufficient flow to require such measures with the motivation of reducing labor and facility costs thereby providing efficient and economical medication management at medium sized facilities (Wallace et al.; col. 1, lines 10-25 and col. 1, lines 50-62).

As per claim 2, Wallace et al. disclose a method wherein processing said orders in said accessed order queue comprises accessing a pharmacy information system for said healthcare facility associated with said accessed order queue (Wallace et al.; col. 11, lines 62-67 and col. 12, lines 1-8).

As per claim 3, Wallace et al. disclose a method wherein accessing said pharmacy information system comprises automatically connecting to said pharmacy information system when said accessed order queue is accessed from said remote processing center assigned to said order queue (Wallace et al.; col. 11, lines 40-62 and col. 13, lines 2-5).

As per claim 4, Wallace et al. disclose a method further comprising dispensing a medication associated with an order in said accessed order queue from an automated medication dispensing system interfaced to said pharmacy information system (Wallace et al.; col. 13, lines 7-32).

Regarding claims 2-4, the statements of obviousness and motivation to combine as discussed with regard to claim 1 above are applicable to claims 2-4 and are herein incorporated by reference.

As per claim 7, Wallace et al. disclose a method for remote processing of pharmacy orders: establishing at an order server a first order queue for a first healthcare facility (Wallace et al.; col. 11, lines 46-67 and col. 12, lines 1-22, FIGS. 3 and 4A); establishing at said order server a second order queue for a second healthcare facility (Wallace et al.; col. 11, lines 46-67 and col. 12, lines 1-22, FIGS. 3 and 4A); receiving at said order server a plurality of orders from said first healthcare facility (Wallace et al.; col. 12, lines 8-13 and col. 12, lines 30-41); receiving at said order server a plurality of orders from said second healthcare facility (Wallace et al.; col. 12, lines 8-13 and col. 12, lines 30-41); adding each of said plurality of orders from said first healthcare facility to said first order queue (Wallace et al.; col. 12, lines 5-13, FIGS. 3 and 4A); adding each of said plurality of orders from said second healthcare facility to said second order queue (Wallace et al.; col. 12, lines 5-13, FIGS. 3 and 4A); accessing orders from said first order queue and orders from said second order queue from a first remote processing center (Wallace et al.; col. 12, lines 8-13 and col. 12, lines 30-39); and processing at said first remote processing center said orders from said first order queue and orders from said second order queue (Wallace et al.; col. 12, lines 30-65).

With respect to the order queues, while Wallace et al. disclose the use queuing of orders at the servers in the distribution centers, Wallace et al. fail to provide a specific teaching of queuing at the server in which the orders are initially received.

However, given the teachings of Wallace et al. concerning the use of queuing at multiple locations/servers, it would have been obvious to utilize a well known technology (e.g. queuing) for entering inbound pharmacy orders at the server taking the initial orders should order volume increase to a sufficient flow to require such measures with the motivation of reducing labor and facility costs thereby providing efficient and economical medication management at medium sized facilities (Wallace et al.; col. 1, lines 10-25 and col. 1, lines 50-62).

As per claim 8, Wallace et al. disclose a method further comprising accessing orders from said first order queue and orders from said second order queue from a second remote processing center upon failure of said first remote processing center to process orders (Wallace et al.; col. 10, lines 26-39 *alternative RCD).

As per claim 9, Wallace et al. disclose a method wherein processing at said first remote processing center said orders from said first order queue comprises accessing a pharmacy information system for said first healthcare facility associated with said first order queue (Wallace et al.; col. 11, lines 62-67 and col. 12, lines 1-23).

As per claim 10, Wallace et al. disclose a method wherein accessing said pharmacy information system comprises automatically connecting to said pharmacy information system when said first order queue associated with said first healthcare facility is selected at said first remote processing center (Wallace et al.; col. 11, lines 40-62 and col. 13, lines 2-5).

As per claim 11, Wallace et al. disclose a method further comprising dispensing a medication associated with an order in said first order queue from an automated medication dispensing system interfaced to said pharmacy information system (Wallace et al.; col. 13, lines 7-32).

Regarding claims 8-11, the statements of obviousness and motivation to combine as discussed with regard to claim 7 above are applicable to claims 8-11 and are herein incorporated by reference.

As per claim 14, Wallace et al. disclose a system for remote processing of pharmacy orders comprising: a plurality of order queues, each of said order queues associated with a healthcare facility (Wallace et al.; col. 11, lines 46-67 and col. 12, lines 1-22, FIGS. 3 and 4A); an order server for receiving orders from said healthcare facilities and adding them to said order queues according to said associated healthcare facility and for responding to requests for accessing and processing orders in said plurality of order queues (Wallace et al.; col. 12, lines 5-23); and at least one computer at least one remote processing center for accessing and processing orders in said plurality of order queues (Wallace et al.; col. 11, lines 44-67 and col. 12 *see workstations i.e., "computer" and remote control dispenser (RCD)).

Claim 14 has been amended to specify an "order server having said plurality of queues".

As per this element, while Wallace et al. disclose the use queuing of orders at the servers in the distribution centers, Wallace et al. fail to provide a specific teaching of queuing at the server in which the orders are initially received.

However, given the teachings of Wallace et al. concerning the use of queuing at multiple locations/servers, it would have been obvious to utilize a well known technology (e.g. queuing) for entering inbound pharmacy orders at the server taking the initial orders should order volume increase to a sufficient flow to require such measures with the motivation of reducing labor and facility costs thereby providing efficient and economical medication management at medium sized facilities (Wallace et al.; col. 1, lines 10-25 and col. 1, lines 50-62).

As per claim 15, Wallace et al. disclose a system wherein said computer at said remote processing center is adapted to display a master healthcare facility queue view comprising the total number of orders in the healthcare facility queue and the time of the oldest order in the healthcare facility queue (Wallace et al.; col. 21, lines 18-29, Fig. 20B NOTE: Wallace et al. system records "date" of transaction, (i.e., "oldest").

As per claim 16, Wallace et al. disclose a system wherein said computer at said remote processing center is adapted to display a healthcare facility detail queue view comprising an expanded view of said healthcare facility queue and status information related to processing of an order in said healthcare facility queue (Wallace et al.; col. 21, lines 23-29 *RPh can view all dispensing queues)

As per claim 18, Wallace et al. disclose a system wherein said computer at said remote processing center is adapted to display an order view comprising an electronic image of an order from a selected healthcare facility queue (Wallace et al.; col. 18, lines 19-30).

As per claim 19, Wallace et al. disclose a system further comprising a clinical intervention automated tracking application for documenting and reporting order consultations (Wallace et al.; col. 21, lines 30-62 *see DUR, adjudication etc.).

As per claim 20, Wallace et al. disclose a system further comprising a second remote processing center for accessing and processing orders in said plurality of order queues when said at least one remote processing center fails to process orders (Wallace et al.; col. 10, lines 26-39 *alternative RCD).

Regarding claims 15-16, and 18-20, the obviousness and motivation to combine as discussed with regard to claim 14 above are applicable to claims 15-16, and 18-20 and are herein incorporated by reference.

[3] Claims 5-6, 12-13, and 17 are rejected under 35 U.S.C. 103(a) as being unpatentable over Wallace et al. in view of Gingrich et al. (United States Patent Application Publication #2004/0006490).

Claims 5-6, 12-13, and 17 are directed to processing prescription orders associated with specific healthcare facilities in accordance with "service level commitments specified by the healthcare facility" (Claims 5, 12, and 17) and "accordingly to policies established by the healthcare facility" (Claims 6 and 13). As per these elements, While Wallace et al. disclose procedural items such as Drug Utilization Reviews (DURs) and adjudication of orders (Wallace et al.; col. 21, lines 30-62), Wallace et al. fails to disclose that the procedures are queue/facility specific and/or based on contractual rules or agreements involving the specific facility.

However, as evidenced by Gingrich et al., it is well known in the prescription fulfillment and pharmacy benefits management art to provide for procedural checks as dictated by contractual obligations or guidelines (Gingrich et al.; paragraphs [0055]-[0058] [0093] *see contract validation module).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to have combined the teachings of Wallace et al. with those of Gingrich et al. with the motivation of determining, during adjudication and validation of a pharmacy order (Wallace et al.; col. 21, lines 30-62) to determine whether the requestor is a valid subscriber to the service (Gingrich et al.; paragraph [0055]).

Response to Arguments

Applicant's arguments filed 3 October 2008 have been fully considered by the Examiner and are considered moot in view of newly added grounds of rejection.

In response, all of the limitations which Applicant disputes as missing in the applied references, including the features newly added in the 3 October 2008 amendment, have been fully addressed by the Examiner as either being fully disclosed or obvious in view of the applied teachings, based on the logic and sound scientific reasoning of one ordinarily skilled in the art at the time of the invention, as detailed in the remarks and explanations given in the preceding sections of the present Office Action and in the prior Office Action (1 October 2008), and incorporated herein.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to R. David RINES whose telephone number is (571)272-5585. The examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, GERALD J. O'CONNOR can be reached on 571-272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. David RINES/
Examiner, Art Unit 3686